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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3 73(b).							
I hereby appoint:							
Practitioners associated with the Customer Number			25096				
OR Practitioner(s) named below (if more than ten patient practitioners are to be named, then a customer number must be used)							
			pistration mber		Name		Registration Number
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as allotrery(s) or agent(s) to represent the undersigned hefore the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned golf to the undersigned according to the USPTO assignment records or assignment documents attached to this form according with 27 FTR 373(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
The address associated with Customer Number			25096				
OR .							
Firm or Individual Name							
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Assignee Name and Address Tarabunk Fund Limited Llability Company 160 Greentree Drive, Suite 101 Dover, DE 19904							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	Donation	7.6		Date 5	2/	9/11	
Name	Dana Morris			Telephone			
Title Authorized Person for Tarabunk Fund Limited Liability Company							